2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly		
Full Name Jessica Parnell	Work Address 263 Main St. Nashua, NH	03060
Primary Occupation Peer Recovery Support		8)317-8312
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Board of licensing for alcohol + other drug use profes	sionals
proprietor, or employee, or served in any other professional	business, or other organization in which you or a family member was an officer, dir or advisory capacity, and from which any income in excess of \$10,000 was derive retirement and/or disability benefits shall be included. (Use additional sheets as necessa	d during the preceding
1. Revive Recovery Resource Center -	263 main st. Nashua, NH 03060 - Executive Director	
If you have no qualifying income indicate by writing your initial	s next to the following statement. My income does not qualify	
reportable special interest in an item on this list if a change in !	al interest in any of the following businesses, professions, occupations, groups, or mai aw, a change in administrative rule, a decision whether or not to award a contract, gra nent affecting the listed business, profession, occupation, group, or matter would pot e general public.	nt a licence or permit
	CRSW - Pecr Rewvery Support Services	
2. Health Care 3. Insurance 4. Real Esta agent, deve	te, including brokers. 5. Banking or financial 6. State of New municipal employers, and landlords	Hampshire, county, or pyment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
Utilities Commission of ga	Horse or dog racing, or other legal forms 14. Education 15. Water Res	ources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Interest and Enterprise Tax Dividends Tax 18. Optional: Specify any other area special interest —	n which you have a
I have read RSA 15-A and hereby swear or affirm that the forego person who knowingly fails to comply with the provisions of thi	ing information is true and complete to the best of my knowledge and belief. RSA 1 is chapter or knowingly files a false statement shall be guilty of a misdemeanor.	5-A:9 Penalty. Any
Date 7/8/2022	Signature of Filer Sarutt	RECEIVED
		1111 2 6 2022

Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301